





## Alabama Department of Revenue Consolidated Corporate Income Tax Return

For the year	ar January 1 – December 31, 2007, c	or other tax year be	eginning		2007, ending	l		,				
► Check	FEDERAL BUSINESS CODE NUMBER FEDERAL EMPLOYER IDENTIFICATION NUMBER Fili								ng Status: (see instructions)			
applicable box:								Corporation operating only in Alabama.				
Initial	ADDRESS							2. Multistate Corporation –				
☐ return	CITY, STATE, COUNTRY (IF NOT U.S.)	9-DIG	9-DIGIT ZIP CODE			Apportionment (Sch. D-1).  3. Multistate Corporation – Percentage						
Final return	STATE OF INCORPORATION DATE OF	FINCORPORATION	DATE QUALIFIED IN ALABAMA	NATURE	E OF BUSINESS I	N ALABAMA		of S	Sales (Sch. D-2).			
Amended return	Check Applicable:							<ul> <li>4. Multistate Corporation – Separate         Accounting (Prior written approval required and must be attached).     </li> </ul>				
Address	► Name FEIN								abama Consolidated F			
☐ change	☐ Notification of Final IRS change ☐ Federal Form 1120-REIT filed				7004 Attached			(Caution: see instructions)				
1 Alabama taxab	le income (sum of all proforma 2	OC(s), line 14)						1				
	d NOL							CN		•		
<b>b</b> Alabama co	nsolidated taxable income (subtra	act line 1a from l	line 1)	<b>▶</b> 1b								
2 Alabama Incom												
	(6.5% of line 1b)			1 -								
	d Filing Fee											
	dd lines 2a and 2b)						▶	2c				
	Credits, and Deferral:											
•	om prior year (2006)											
	ted tax payments				<u> </u>							
c 2007 comport	site payment(s) made on behalf			<b>▶</b> 3c								
				▶ 3d				_	11NII 500 A 00DV 0			
<ul><li>d Payments made with extension (Form 20E)</li><li>e Payments prior to adjustment</li></ul>								UNLESS A COPY OF THE FEDERAL RETURN IS				
	-							1 1 ,	ATTACHED, THIS RE			
f Credits (sum of line 7, Schedule F from all proforma returns)								1   1	WILL BE CONSIDE			
-	ents, Credits, and Deferral (add li							1	INCOMPLETE	. )		
-	olications of overpayments		<i>5</i> /	0								
	08 estimated tax			► 4a				•				
	Fund							•				
•	(see instructions)							•				
•	(computed on tax due only)							•				
	ons (total lines 4a, b, c and d)							•				
	ue/(refund) (line 2c less 3h, plus						▶	5				
If you paid electr	onically check here:	·										
, ou para croon												
Please	I authorize a representative of Under penalties of perjury, I de	eclare that I have e	xamined this return and acco	mpanying	g schedules a	nd stateme	ents, and to the			f they are		
Sign	true, correct, and complete. Decl	aration of preparer	(other than taxpayer) is base	ed on all i	niormation of	wnich pre	parer nas any ki	iowiedć	ge.			
Here							<b>&gt;</b>		( )			
	Signature		Title				<u> </u>	Date	Daytime Telepho	one No.		
Paid	Preparer's signature				Date		Check if self-employed		Preparer's Social Sec	urity Number		
Preparer's	Firm's name (or yours,						- h-11 F	E.I. No. ►				
Use Only	if self-employed) and address							+	Code ►			

## Mail Consolidated Returns and Payments to:

Alabama Department of Revenue Consolidated Business Tax Compliance Unit (CBTCU) PO Box 327437 Montgomery, AL 36132-7437 Telephone (334) 353-9448



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Schedule AS	Affiliations Schedule								
A NAME OF A INCLUDED IN ALABAMA CO	B FEDERAL EMPLOYER IDENTIFICATION NO.	C PRIOR YEAR SEPARATE AL INCOME TAX RETURN FILED		D NEW TO FEDER CONSOLIDATED G					
COMMON PARENT			Ye	es 🗌 No	☐ Yes ☐	No Yes No			
SUBSIDIARIES			☐ Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			□Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			Ye	es No	☐ Yes ☐	No Yes No			
			Ye	es No	☐ Yes ☐	No Yes No			
			Ye	s No	Yes	No Yes No			
			Ye	es No	☐ Yes ☐	No Yes No			
			Ye	es No	☐ Yes ☐	No Yes No			
			□Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			□Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			Ye	es 🗌 No	☐ Yes ☐	No Yes No			
			Ye	es 🗌 No	☐ Yes ☐	No Yes No			
Schedule B	Alabama Consolidated Net	Operating Loss Car	ryforwa	rd Calculation	on (§§ 40-18-3	5.1 and 40-18-39h)			
Column 1 Column 2		Column 3		Col	lumn 4	Column 5			
Loss Year End MM / DD / YYYY	Amount of Alabama net operating loss	Amount used in years prior to this year		Amount used this year		Remaining unused net operating loss			
Alabama consolidated net o	perating loss (enter here and on line	1a, page 1).							